

RICHARD CORDRAY

Franklin County Treasurer

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MONTHLY BUDGET PAY AUTHORIZATION

I hereby request the Franklin County Treasurer to accept payments towards the estimated future real estate taxes for the real estate parcels listed below, to retain the payments in an escrow account until the next Current Tax Collection due date, and to apply the escrowed funds to the current taxes due on the parcel(s) listed below.

I authorize the Franklin County Treasurer to act as my agent for the purpose of receiving the tax bills for the parcels listed and applying the taxpayer's escrowed funds to the real estate taxes owed on those parcels.

I understand that if the funds in my budget pay account are not sufficient to pay the Current Taxes in full on all parcels by the due date, the funds shall be prorated among all the parcels as an equal percentage of the amount owed on each parcel and a penalty will be assessed against any tax amount remaining. Further, I understand that if there is a balance owed after the close of the second half Current Tax Collection, additional prepayments will not be accepted until the entire balance due, including any penalties, has been paid in full OR the taxpayer has entered into a Delinquent Tax Payment Plan to pay the balance owed.

I understand that funds received in my budget pay account will not be released for any purpose other than the payment of real estate taxes, except for reasons pertaining to transfer of property ownership or death as required by law. Funds remaining in an escrow account after the payment of real estate taxes will remain in the account for application to future real estate taxes unless a written request for the return of the funds is made to the Treasurer. However, application for the return of excess escrowed funds will automatically terminate this agreement.

I agree that the Franklin County Auditor's Conveyance of Real Property Transfer Record shall control the matters of ownership and transfer. In all other matters, Section 321.45 of the Ohio Revised Code shall apply.

Signature of Taxpayer		Date	
Name of Taxpayer – please print			
Mailing Address	City	State	Zip Code
Area Code and Telephone Number			
District/Parcel to be included	d in this agreement:		
district/parcel number	property address		
providing the followin	g information:	ione automateum, des	oited from your bank account by
checking sa	vings		
Name of Financial Institutio	n	bank routing number	account number
account on the 20th day of ea	ach month as indicated aboall information provided	ove. If a voided check or de	at of my real estate taxes by debiting my bank eposit slip is not attached with this application of the debit is rejected because of incorrect
Signature		 Date	